



CATTARAUGUS COUNTY BOARD OF HEALTH

1 Leo Moss Drive, Olean, NY 14760, Tel. (716)373-8050, Fax (716) 701-3737



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department
Established 1923

Joseph Bohan, MD, President

Giles Hamlin, MD, Vice-President

Zahid Chohan, MD

Sondra Fox, RN

Richard Haberer

Theresa Raftis

David L. Smith

James Snyder

Kathryn Cooney Thrush, NP

MINUTES May 3, 2017

The 856th meeting of the Cattaraugus County Board of Health was held at The Point Restaurant, 800 East State Street, Olean, New York on May 3, 2017.

The following members were present:

Dr. Joseph Bohan

Dr. Zahid Chohan

Dr. Giles Hamlin

Sondra Fox, RN

Richard Haberer

Mayor David Smith

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director

Eric Firkel, County Attorney

Richard Helmich, County Legislator

Sue Labuhn, County Legislator

Robert Neal, County Legislator

Donna Vickman, County Legislator

Paul Schwach, MD, Clinic Physician

Gilbert Witte, MD, Medical Director

Rick Miller, Olean Times Herald

Dave Porter, Hearing Officer

Susan Andrews, Director of Nursing

Kathy Ellis, Administrative Officer

Raymond Jordan, Sr. Public Health Sanitarian

Debra Lacher, Secretary to Public Health Director

Debra Nichols, Health Educator

Eric Wohlers, Director of Environmental Health

The meeting was called to order by Dr. Bohan. The roll was called and a quorum declared. Mr. Smith made a motion to approve the minutes of the Board of Health (BOH) meeting held on April 5, 2017, it was seconded by Dr. Hamlin and the motion was unanimously approved.

DIRECTORS REPORT: Dr. Watkins reviewed the 2016 Annual Report that was distributed to everyone that were in attendance. He stated that the Health Department is composed of several different programs including nursing services, environmental health, health education, early intervention, physically handicapped children's program, women infant and children's program, laboratory and public health emergency preparedness.

Dr. Watkins stated that the nursing division has several categorical programs within its division that works to provide care for residents within the community. He reported that the largest revenue generating program within the department is the certified home health program. He went on to say that in 2016 the average daily homecare census was (327) and that care was provided to (1,438) unduplicated individuals within the program. He added that a total of (26,409) skilled nursing, and (16,195) home health aide visits were provided in the homecare program in the same period.

Dr. Watkins went on to say that other programs within the nursing division included, the maternal child health Medicaid Obstetrical and Maternal Services (MOMS) program which serviced approximately (45) individuals who received (125) visits in 2016. The childhood lead poisoning prevention program which followed (19) children with elevated blood lead levels in 2016. The community health program which provides family planning services. He explained that Cattaraugus County continues to have a higher teenage pregnancy rate than New York State (NYS) excluding New York City (NYC). Additionally, the nursing division oversee the sexually transmitted infection (STI) clinic which test and treat for Chlamydia, Gonorrhea, Syphilis, Trichomonas, and Herpes. There were (172) clients seen with (197) visits in the STI clinic in 2016. He stated that the most common communicable diseases that were seen in 2016 included Chlamydia, Gonorrhea, and Chronic Hepatitis C. The Health Department nursing division performed (157) physicals in 2016 and provided (51) post exposure vaccines to individuals potentially exposed to a rabid animal.

Dr. Watkins continued reviewing the 2016 annual report, explaining that the Environmental Health Division completed (128) inspections on public water supplies and another (200) regulated water systems were monitored. He stated that there were (485) onsite wastewater treatment system permits issued, (179) real property transfers permits to construct issued and (621) permits issued to food service facilities. He added that the environmental health division also oversees (60) public bathing facilities within the community. Dr. Watkins explained that if a child has an elevated blood lead level of 15ug/dl or higher (normal \leq 9ug/dl), the environmental health staff will receive a request from the nursing division to go out to assess the child's living environment and determine the source of the lead exposure. In 2016, (7) such requests were made to the division and a residence remediation order was issued in each of the investigations. He went on to say that the clean indoor air act program is enforced under the environmental health division and that in 2016, (70) compliance checks were conducted and no violations were filed. In addition, the Adolescent Tobacco Use Prevention Act (ATUPA), which is another program under the CIAA had (76) compliance checks completed and (4) violations were filed. In September 2016 the County Legislature passed Local Law No.8-2016 raising the legal age to purchase tobacco products from 18 to 21.

For brevity of this document, Dr. Watkins summarized the annual report by highlighting other Health Department programs (Health Education, Early Intervention, Women Infant and Children, Laboratory, and the Public Health Emergency Preparedness) expounding upon the 2016 activities for each of the aforementioned divisions. He reported that the total revenue for 2016 was \$11,265,545. Eighty five percent (85%) of that was brought in by the homecare division, followed by the laboratory, and then environmental health. He went on to say that most of the revenue from homecare came from fees and third party insurers. Fifty three percent of the total department's expenditures were from the home care program.

Dr. Watkins extended a special thanks to Deb Nichols, Gina Parks and Shomita Steiner for putting together the annual report. The 2016 annual report is dedicated to Mr. Curtis Perkins, who was a member of the BOH for over 24 years, and passed away on January 15th 2016. The Annual Report is available on the Health Department website at www.cattco.org/health.

Dr. Watkins reminded the Board that Dr. Ann Marie Zimmerman, medical director for Universal Primary Care, a Federally Qualified Health Center in Cattaraugus County, and a recent graduate of the Health Leadership Fellows program of the Health Foundation of Western and Central New York, spoke last month at the BOH meeting to ask if the Board would consider sponsoring a local law to prohibit smoking in vehicles when children are present in the vehicles. He stated that the board requested he work with the county attorney to generate two draft resolutions, one to condemn those who smoke in a vehicle with children present under the age of 16 and the second was to create a local law prohibiting smoking in cars with children under the age of 16. Dr. Watkins stated that after working with the legal department and Dr. Bohan, he developed three draft resolutions to present to the board for consideration. The first draft resolution is to support the adoption of Senate Bill 5209 and Assembly Bill 5096 by NYS legislature regarding the prohibition of smoking in vehicles with children under the age of 14 as passengers. The second is a draft resolution from the BOH to the County Health Department to find funding in the current budget to initiate a smoke free vehicle campaign and the third draft resolution is a local law asking the legislators to adopt a local law to prohibit smoking in vehicles when children under the age 14 are present.

Dr. Bohan discussed the first draft resolution asking the County legislators to support the NYS Senate and Assembly bills prohibiting smoking in cars with minors present. Legislators Neal, Helmich, Vickman and Labun requested to be sponsors on this resolution. A vote was taken and unanimously passed to submit this resolution to the county legislators for consideration of adoption. Sondra Fox asked that the board revisit the situation a year from now to see if the education portion is working or if stronger language or enforcement action is needed to assist with this campaign. Dr. Bohan stated that she would be welcome to bring this discussion back to the Board.

Dr. Bohan led a discussion on the second draft resolution which lists various reasons why smoking is harmful and asks the health department to appropriate funds to lead an educational campaign to discourage smoking in vehicles with children under the age of 14. Dr. Watkins added that the department would seek grant proposals in order to fund this project. A vote was taken and unanimously approved to adopt this resolution.

Dr. Bohan led a discussion on a draft local law resolution to prohibit smoking in vehicles when children under the age of 14 are present. This involves a fine for first offense of \$75.00-\$150.00 and a second or subsequent violation punishable by a fine of not less than \$150.00 or more than \$250.00. Mr. Haberer spoke of his concern for the difficulty of enforcing this law when a person travels from one county to the next where this local law would not be enforced. Dr. Bohan agreed that it is tough to start this abruptly without first providing education to the public. Mr. Haberer agreed that the education portion should be in place for at least a year before proceeding with this law, if in fact the state does not move forward with their own law. Mr. Haberer asked if the state law had bipartisan support. Attorney Firkel stated that he believes the Senate bill is sponsored by a Republican and that the Assembly bill is sponsored by a Democrat but it is not a bipartisan issue. A vote was taken, 1 aye, and 5 nays.

The draft resolution of a local law asking the legislators to adopt a local law to prohibit smoking in vehicles with children under the age 14 present, failed to garner enough support to move on to the county legislature for consideration.

Mayor Smith spoke regarding a situation at the Gowanda middle schools that recently made the news. He stated that a member of the baseball team was traveling in a bus from an away game and encouraged his teammates to play a game called pass out. He explained that students from across the region are using a belt to restrict the breathing of one another which provides a temporary high sensation. This member of the baseball team asked two of his teammates to do this to him, but stopped them before he passed out. He added that this coincides with a game called Cloud 9 where a student puts a sleeper hold on someone until they pass out. Supposedly a high is achieved when you are passing out and when you wake up. This is a very disturbing trend that is going on throughout many communities. In response, Gowanda middle school has disciplined the young men involved and on May 18th at 9:45 AM the school will hold an assembly for the entire middle school. They will address the pass out game, Cloud 9 and other unsafe behaviors. A nurse, counselors, and the school resource officer will be talking about all the things that could go wrong if they take part in one of these games. Dr. Watkins offered that the Health Department's Health Educator could attend to give support or a presentation if needed. Mayor Smith gratefully accepted.

Legislator Labuhn shared a story of a cleanup project that she took part in at a Salamanca park. She stated that she was a recipient of a needle stick during this cleanup process. Due to her medical background, she was aware of the appropriate protocol and procedure to undertake after such incident, (getting tested for blood borne diseases and taking antiviral medications) but she was shocked to learn how many of those participating were not aware of the protocol and the seriousness that this situation could produce. She remarked that many students and children have the potential to be victims of such an incident and they need to be educated to tell someone if they experience this situation. Legislator Labuhn asked that some type of education be provided by the Health Department to the community. Mr. Haberer reminded everyone that it was not that long ago that a State Police Investigator lost his life in a very similar situation. Dr. Watkins stated that the Department would be happy to initiate an awareness program, and he would inform the Heroin Opioid Task force of this situation. Dr. Watkins shared that he was contacted by the Mayor of Olean because during a cleanup project in Franchot Park a number of needles were found by volunteers. He stated that the Health Department donated two sharp containers to the City of Olean for their cleanup project.

Mayor Smith revealed that he had a meeting with Lori Cornell, and Kathy Hochul from Governor Cuomo's office and told them he was losing his patience with the local Drug Task force and wanted to see faster action. The Governor's office commended Dr. Watkins and Cattaraugus County's Heroin Opioid Task Force for the work that they have done and named him as a leader in this fight against the opioid epidemic.

Dr. Watkins recognized Kathy Ellis, Fiscal Administrator Officer who is attending her last BOH meeting. Ms. Ellis has taken a position as the Deputy Commissioner of the Department of Public Works. Ms. Ellis thanked the Board and Dr. Watkins for their support over her years of employment.

NURSING DIVISION REPORT: Mrs. Andrews reported that last month there were: (10) cases of Chlamydia, (1) case of Gonorrhea, (8) new cases of Chronic Hepatitis C, (1) case of Group B Strep in a 2 month old, (1) case of Salmonella in a 72 year old, (1) case of a tick borne disease that was not Lyme, (1) positive Lyme, and (1) Legionella case who's exposure was from within their own home. No Zika testing was done this past month.

Mrs. Andrews added that in response to the high rate of Gonorrhea last year, this year's reports show a downward trend from last year and the State is involved in trying to help with this problem.

The immunization program has (3) staff attending the Western New York Coalition meeting in May.

The recent power outage in Salamanca allowed the department to test its emergency plan for vaccine, and everything went smoothly.

There were (2) post exposure rabies vaccine cases, one was a cat bite and the other was a raccoon bite, which is a total of (3) for the year.

Mrs. Andrews reported that she and Patti Williams will attend a family planning provider meeting in Albany next week. The State has announced the Family planning five year grant will be due on June 19th.

Mrs. Andrews stated that lead education was provided at the home show in April, the Healthy Kids day at the YMCA and also at the WIC clinic sites. There are currently (28) children in various stages of elevated blood lead levels follow-up. This month the department will start making visits to providers with low lead testing rates.

Homecare provided services to (443) patients, with (131) admissions. A new sepsis tool has been incorporated into the homecare assessments, and work has begun on incorporating it into the electronic medical records (EMR). Recruitment continues for a part-time Social Worker.

ENVIRONMENTAL DIVISION REPORT: Mr. Wohlers reported that the (2) vacant positions which existed within the environmental health division should be filled this month as offers will be made later this week to the top two candidates.

He stated that the spring free rabies clinic is scheduled for May 6th from 9:00AM-Noon at the County's' Department of Public Works building in Little Valley. This will be the last opportunity for a free rabies clinic until the fall.

The department was successful in reapplying for two more years of the Community Development Block Grant program. The program has been granted enough funding to complete (60) more projects in the next two construction seasons. The funding assist low to moderate income families with failed septic systems or drinking water supply systems.

Two program aides have been hired and are in place to begin the Mosquito surveillance program.

The NYS legislators passed the Water Infrastructure Improvement Act of 2017 in their final budget, which will ultimately make available \$2.5 billion dollars for sewer and water projects in NYS. There is a big need in this state for more funding to finance the replacement of aging water lines within the various municipalities. The deadline to apply for assistance is June 23rd and the department will be contacting local Mayors and Town Supervisors to let them know about this opportunity. Legislator Neal asked how these applications worked.

Mr. Wohlers responded that the projects must have preliminary engineering studies conducted to give the municipalities a cost estimate. Legislator Labuhn stated that many villages and towns could partner up with such a project. Mr. Wohlers stated that in the past 15 years the State has appropriated a budget line for the Drinking Water Enhancement program which is additional funding that comes to Counties to fund and implement public drinking water programs. He added that over the past 10 years the department has received over \$130,000 from the State Health Department under this program. This year there will be an additional one million dollars of funding for the entire state, which will give the department an additional \$25,000 for its Drinking Water Enhancement program. Legislator Neal asked how the department would utilize the funding. Mr. Wohlers stated that the funds will be used to pay for salary of staff, and laboratory testing.

Mr. Wohlers informed the board that this month, at the Spring Environmental Health Director's State Conference, they will cover an updated plan for implementing the new legionella cooling tower program regulations, in addition there will be updates on tick borne diseases in NYS, concentrated animal feeding operations which require professionally prepared nutrient management plans, and updates on implementation of the State's new body art regulations. Dr. Chohan asked what type of regulations would be enforced on tattoo shops. Mr. Wohlers stated that Cattaraugus County already regulates tattoo shops but for Counties who have yet to enact regulations on these facilities, it will mean adding regulations to their sanitary code and learning a new program.

ENFORCEMENT REPORT: Mr. Porter reported on the following enforcement case held on April 11, 2017: **DOCKET #17-003**

Respondent: Edward Church, F.A.T.S. Board Member, Property Location F.A.T.S. Lake House, 3198 Elton Road, Delevan, NY Violation: 10NYCRR Sec. 5-1.72 (c) (1) Respondent failed to submit complete daily records for the operation of the non-community public water supply for the month of December 2016 to the CCHD offices by the 10th day of the following Month.

Public Health Sanitarian: Chris Ann Covert, Public Health Sanitarian appeared for CCHD and was sworn in.

Respondent: Edward Church, respondent, did not appear but elected to have a phone hearing.

Recommendation: That the civil compromise offered Mr. E. Church be changed to a fine of \$100.00 to be paid on or before May 31, 2017. Failure to pay will result in a \$10.00 per day per diem until in compliance.

DOCKET #17-003 (continued)

Dr. Bohan asked about the respondent's comment stating that the daily record was sent to CCHD by way of an attorney's office but CCHD could not verify receipt of the record. Mr. Porter explained that the respondent claimed to have faxed the report from an attorney's office. Staff fact checked this claim by comparing the phone numbers received by CCHD fax machines to see if any documents were ever received from this attorney's phone number and this number was never recorded on any fax machine.

A motion to approve this recommendation was made by Sondra Fox, seconded by Dr. Hamlin and unanimously approved.

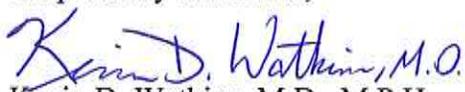
Dr. Watkins updated the Board on the enforcement action taken by the Board on Mr. Bautista's restaurant Docket #16-050 at last month's BOH meeting. He stated that the first stipulation required the owner to employ a pest control company for the primary reason of eliminating the source of infestation of cockroaches. The second stipulation required the owner to have a food service manager enroll in a servsafe manager's certification course, the third stipulation required the owner to correct all violations that were identified in the previous inspection and the fourth stipulation required the owner to pay a \$2,000 fine by June 30, 2017. Finally, the Board asked the owner to voluntarily close the restaurant until the first three stipulations were addressed.

The restaurant did comply with the request for closure from April 7-16, they employed a pest control company for a year and they are willing to show the department they are actively exterminating the facility monthly. They enrolled (2) staff in a food service management course, and they corrected all violations that were in the previous inspection. Pictures were handed out to the members documenting the latest inspection while the facility was closed.

Dr. Watkins reported that after enrolling (2) employees in the food servsafe class both employees failed the subsequent examination. They have been instructed to take the course again and are to report when they have passed the exam which must be prior to June 1st. Dr. Bohan asked if there were any objections to this recommendation and none were expressed. Legislator Labuhn suggested that Community Action who has a culinary program, mentor these employees prior to the next test. Dr. Watkins confirmed that the department had connected them with Community Action who actually proctored the exam for them and offered to assist in any way.

There being no further business to discuss, a motion to adjourn was made by Mr. Haberer, and seconded by Dr. Hamlin and unanimously approved.

Respectfully submitted,


Kevin D. Watkins, M.D., M.P.H.
Secretary to the Board of Health



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Kevin D. Watkins, M.D., MPH, Public Health Director

Gilbert N. Witte, M.D.

Medical Director

Susan A. Andrews, RN, MSN, FNP

Patient Services Director

Certified and Long Term Home Health Agency
Professional Advisory Committee
April 19, 2017

Present:

Dr. Giles Hamlin, BOH
Dr. Gilbert Witte, Medical Director, BOH
Dr. Kevin Watkins, Public Health Director, BOH
Susan Andrews, DPS, RN, FNP
Tim Mager, OT
Barb Parish, RN
Carrie Ruffner, PT

Absent:

Carolyn Woodhead, SLP
Michele Phelps, NUTR
Sandra Fox, RN, BOH
Moira Khetry, Case Manager, OGH
MSW, resigned

The Professional Advisory Committee (PAC) meeting was held in the Cattaraugus County 2nd floor conference room on Wednesday April 19, 2017 at 12:30 PM. Attendance was taken as recorded above.

- I. Susan reviewed the agency's statistics for 2016, she stated that the average daily census for the agency was (327) and there were (1,438) unduplicated admissions in the program during the same time period. She reported that there were a total of (61,053) visits made by the multi-discipline team that serves the agency. She reviewed and compared the total to previous years. Dr. Watkins asked if there was a possibility that the total number of visits would ever reach the high seen in 2014. Susan mentioned that with episodic care that number of visits isn't desirable.

- II. **Review of Tier 1 Potentially Avoidable Events(PAE): October 2016 – December 2016**
 - a. Emergent Care for Injury Caused by Falls was presented by Susan
Graphs showed a decrease in falls from the previous quarter of July 2016 – September 2016 and were comparable to the national reference. There were (7) falls during this time period
- 100% charts reviewed - there were no quality triggers.
 - b. Emergent Care for Wound
For this time period, (October 2016 – December 2016) wounds showed a marked decrease from the previous quarter and were much better than the national average.
There were (2) cases:
-100% charts reviewed - there were no quality triggers.

III. Review of Tier 2 Potentially Avoidable Events: October 2016 – December 2016

Susan shared that there were (6) Urinary Tract Infections (UTI):

-100% charts reviewed - there was one quality trigger.

Concerns identified: Thought that better education, coordination with MD and better case management may have improved care provided. Barb commented that with this patient's characteristics these things should have been automatic. Dr. Witte commented on integrity of urine specimen.

III. Hospitalization 3 Q2016

Susan reviewed graphs of most recent risk adjusted claims based outcomes for hospitalization for July 2016 through September 2016.

Hospitalization rates were higher than the agency's previous rates during all periods, but comparable to national reference except rate was higher for emergency use in first 60 days.

Review of 30 Day Hospital Readmits (Current/Closed Chart Audits) for January, February and March 2017 with cases presented by Susan and Barb:

- In January there were (19) cases - there was one quality trigger.
Concerned Case: A 93 year old person who lives alone that was referred for Congestive Heart Failure (CHF), UTI and hypokalemia. Nurse did not document per agency policy and procedure. There was no report to physician regarding patient status prior to physician appointment and there was no follow-up (F/U) with physician after office visit. Patient was not seen again until 6 days after physician visit. Dr. Watkins commented about MD evaluating edema at office visit. Dr. Witte commented that hospital is ramping up program to call patients when discharge. Susan commented that at care transitions meeting that hospital is involving the pharmacists more.
- In February there were (25) cases identified with 100% reviewed –there were three quality triggers.
Concerned Cases:
 - a) First case involves a person with Chronic Obstructive Pulmonary Disease (COPD) exacerbation and respiratory failure. The nurse noted abnormalities and notified MD same day, which was good. MD requested that patient be seen in office, but patient refused. Nurse did not F/U with patient until 1 week later and patient had already been admitted to hospital.
 - b) Second case presented by Barb, involved a person with COPD, pneumonia and Non Segment Elevation Myocardial Infarction (NSTEMI), where nurse documented that patient had been started on Prednisone following MD visit, but conducted no further F/U other than nurse visit next week. Should have had made follow up visit or at least a telephone call to evaluate/monitor patient status. Dr. Witte asked if lack of adequate follow-up was due to staffing levels. Susan and Barb indicated that staffing was not a factor but felt that critical thinking was a factor.
 - c) Third case presented by Barb, involved a person with weakness, falls, anemia, diabetes, renal disease and blindness. Physician was not notified of weight increase when it first occurred. Weight increase was reported to MD at subsequent nurse visit and order to increase Lasix received several days later. The nurse did not do timely F/U with patient.
- There were (15) readmits in March with 100 % reviewed – there were four quality triggers.
Concerned Cases:
 - a) First case, a 90 year old male who lives alone with services from Veterans Affairs (VA) nurse for med set up and home health aide two times per week. This episode of care started off with several weeks of delay in the referral process within the VA system.
On Start of Care (SOC) visit, nurse identified a skin tear, and noted patient was confused but did not plan another nursing visit, just referred the person to physical therapy (PT). PT did initial evaluation and found that patient had back pain. VA was notified and PT was put on hold until diagnostics could be performed. PT never notified nursing of change in condition. Susan commented that these cases are reviewed with the individuals involved and then presented at staff meetings so hopefully staff can improve.

- b) Second case, a 79 year old male with exacerbation COPD and atrial fibrillation, where PT noted changes in patient condition but did not notify SN or MD. Discussion was held by the team.
- c) Third case, a 73 year old female with chronic kidney disease who had been in the hospital for UTI, sepsis and Gastrointestinal (GI) bleed, also has old ostomy and beginning dementia. Agency was seeing daily for five days for B12 injection. Patient did not receive all of her medications for 5 days. Nurses documented changes in mental status, hemoglobin & hematocrit and ongoing lack of medications, but took no actions. Seemed as though staff was only focused on task of administering B12.
- d) Fourth case, patient's son was to pick up respiratory medications at the pharmacy on March 4 Nurse should have made follow up visit the next day to verify that medications were in the home, but did not visit again until March 7. Nurse documented abnormalities on March 7 and March 9 visits and that patient still didn't have medications, but did not report changes to MD or intervene to obtain medications. Patient called agency on-call service on March 11 to report difficulty breathing. A nurse was immediately sent to home, however at that point the patient required emergency department evaluation and was admitted to the hospital for COPD exacerbation. Discussion ensued regarding barriers to medication pick up, including pharmacy copays and money. Team agreed nurses should not be financially liable. Carrie commented on patient family versus agency responsibility. Susan will consult with community pharmacist regarding some of these issues.

Patient Satisfaction

Susan reviewed graph comparing first quarter 2017 with calendar year 2016 for key indicators from Home Health Consumer Assessment of Healthcare Providers and Systems (HH-CAHPS). 2017 data based on (61) patient responses.

- The agency were better or the same in 4 measures but lower in medication, medication purpose and pain assessment.

- Other measures reviewed:

a) receiving help when calling the office – good (unchanged from previous survey)

b) definitely recommend – good (unchanged from previous survey)

c) respectful care - decreased slightly.

Susan noted that the percentage rating us 9 or 10 on scale of 10 and patient definitely recommending our services were the same at 92%. These measures have been incongruent in the past.

V. Agency Occurrences

Susan reviewed agency occurrences for the first quarter of 2017 which included

- (1) patient complaint, regarding agency RN which was determined to be a personality conflict and was resolved.
- There were no thefts reported this quarter.
- One medication error occurred when RN did not add medication to Intravenous (IV) bag and infused 5% Dextros and Water (D5W) only. Physician and IV vendor notified and patient was not harmed. Agency did complete investigation and there were many factors that contributed to this error including pharmacy removal of fluid from bag which necessitated refrigeration of bag and separation from medication which was stored at room temperature, labeling of IV bag, lighting in home so poor as to cause nurse to use flashlight, nurse was focused on establishing line as patient was known to be a difficult “start”, but in the end it was nurse who did not verify and complete proper steps.

Agency Occurrences (cont'd)

- There was one patient fall with contracted Home Health Aide (HHA) present for which the agency did a good follow-up.
- A contracted home health aide was stuck by insulin pen needle that patient had not properly disposed of, patient/family re-educated regarding proper disposal and will be monitored.

- There were no employee injuries or motor vehicle crashes.
- There were eight missed visits, (4) of which were due to agency RNs not following current Policy & Procedures, three due to Licensed Homecare Service Agency (LHCSA) scheduling mix up and one county employed HHA just didn't go – had no explanation

VI New/Revised Policies:

None:

VII Discussion/Recommendations:

Susan reported that Centers for Medicare & Medicaid Services (CMS) has delayed implementation of the new Conditions of Participation for Home Health Agencies until 1/1/2018 instead of July.

- Reviewed that the new quality assessment performance improvement condition 484.65 replaces 484.16 “Group of professional personnel,” and 484.52 “Evaluation of the agency’s program”. New condition is organized into five standards; program scope; data, activities, performance improvement projects and executive responsibilities.
- Briefly reviewed first four standards that focuses on executive responsibilities as this is related to this committee:

Governing body must:

- a) assume responsibility for the agency’s Quality Assurance Performance Improvement (QAPI) program and ensure that it reflects the complexity of the Home Health Agency (HHA) and its services;
- a) focuses on indicators related to improved outcomes;
- b) takes actions that addressed the HHA’s performance across the spectrum of care, including the prevention and reduction of medical errors.
- c) define, implement, and maintain a program for quality improvement and patient safety that is ongoing and agency-wide and ensure that performance improvement efforts were prioritized, and also evaluated for effectiveness.
- d) establish clear expectations for patient safety
- e) appropriately address any findings of fraud or waste in order to assure that resources are appropriately used for patient care activities and that patients are receiving the right care to meet their needs.

Hard copies of current year 2016 process and outcome measures, potentially avoidable events, and case mix were provided for review so that committee may advise on potential QAPI project at July meeting.

Dr. Witte commented that we can have good protocols but if they aren't followed they don't do much good. Susan commented that we have been doing more staff counseling and progressive discipline with regards to that issue.

Sepsis protocol provided to members and Susan stated we plan to educate nurses and implement protocol at nurse meeting next week. Hopefully this will be integrated into our Electronic Medical Records (EMR). Dr. Witte discussed sepsis bundle projects that have been in place at hospital for past several years and that they have been found to be not that effective. He stated that this of course is different as it is trying to get the patient in the door.

In closing, Susan asked that members review data in order that a recommendation can be made regarding the QAPI project at the July meeting.

VIII Adjournment

Reminded that next meeting is Wednesday July 19, 2017 at 12:30 PM.



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Cattaraugus County Health Department Family Planning Program Educational Materials Advisory Committee Conference Room – Olean 04-19-17 1:15-1:30-pm

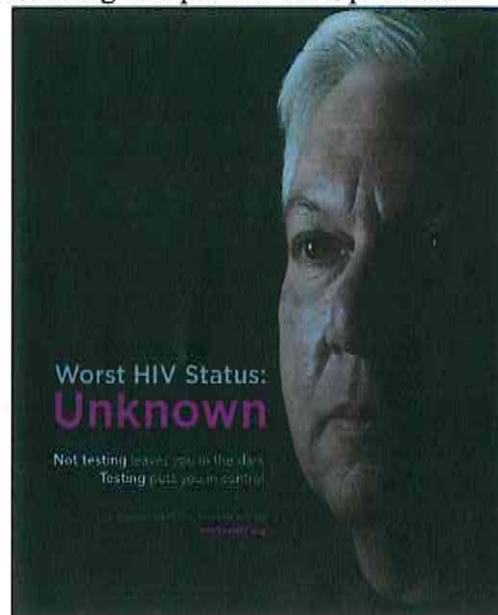
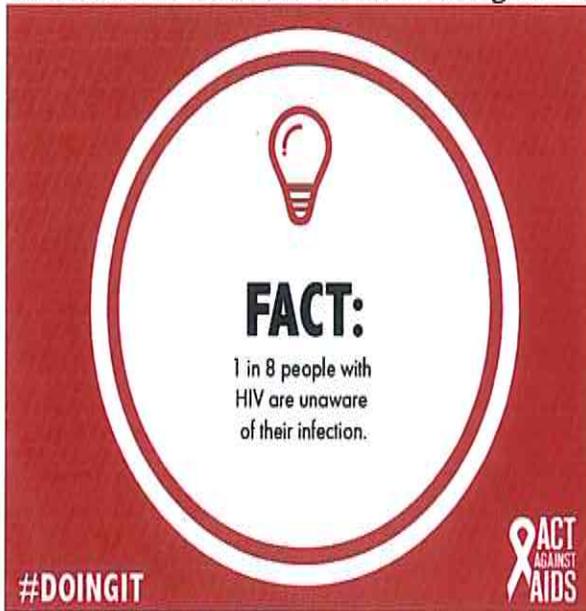
Present:

- Dr. Gilbert Witte, Medical Director, BOH
- Dr. Giles Hamlin, BOH
- Dr. Kevin Watkins, Public Health Director, BOH
- Susan Andrews, DPS, RN
- Carrie Ruffner, PT
- Tim Mager, OT
- Barb Parish, RN QAPI

Absent:

- Moira Khetry, Case Manager, OGH, Michele Phelps, NUTR, Sandra Fox, RN, BOH, Carolyn Woodhead, SLP

Evaluation of materials for HIV testing month in June. The following two posters were presented:



These will be placed at various locations throughout the community to encourage people to get tested for HIV and know their status. Unanimously approved.

Next Meeting July 19, 2017

**SUPPORTING ADOPTION OF SENATE BILL S.5209 ASSEMBLY BILL A.5096
BY NEW YORK STATE LEGISLATURE REGARDING THE PROHIBITION OF
SMOKING IN VEHICLES WHERE MINORS ARE PASSENGERS**

Pursuant to Section 153 of the County Law.

I. WHEREAS, Senate Bill S.5209 and Assembly Bill A.5096 have been introduced in the State Legislature to restrict smoking in any type of vehicle where a minor under the age of 14 is a passenger, and

II. WHEREAS, numerous studies have conclusively demonstrated the effect secondhand smoking has in those who never smoke even one cigarette, and

III. WHEREAS, these risks include, but are not limited to, heart disease, cancer, emphysema, and various other ailments that contribute to loss of life, loss of quality of life, and increased health care and other costs to individuals and governments, and

IV. WHEREAS, studies have also shown that children are particularly vulnerable to the dangers of secondhand smoke and are among those least able to avoid secondhand smoke from adults and other children who smoke around them, and

V. WHEREAS, there are no regulations restricting smoking in vehicles with children present, and

VI. WHEREAS, even with open windows, children are essentially prisoners to secondhand smoke without the ability to remove themselves from the dangerous situation, and

VII. WHEREAS, the Cattaraugus County Legislature finds that it is necessary to protect and promote the public health, safety and welfare of the children residing in Cattaraugus County, now, therefore, be it

I. RESOLVED, that the Cattaraugus County Legislature hereby supports and requests the adoption of Senate Bill S.5209 and Assembly Bill A.5096, and be it further

II. RESOLVED, that the Clerk of the Legislature is hereby directed to forward certified copies of this resolution to Governor Cuomo, Senate Majority Leader, Assembly Speaker Heastie, Senator Young, Assembly Member Giglio, New York State Association of Counties, and all counties in New York State.

Resolution Referred to:

- | | | | |
|------------------------------|--------------------------|--------------------|--------------------------|
| Finance | <input type="checkbox"/> | Human Services | <input type="checkbox"/> |
| DPW | <input type="checkbox"/> | Develop. & Ag | <input type="checkbox"/> |
| Labor Relations | <input type="checkbox"/> | Strategic Planning | <input type="checkbox"/> |
| Co. Operations/Public Safety | <input type="checkbox"/> | | <input type="checkbox"/> |

STATE OF NEW YORK

5096

2017-2018 Regular Sessions

IN ASSEMBLY

February 6, 2017

Introduced by M. of A. WEPRIN, ZEBROWSKI, CAHILL, JAFFEE, GALEF, STECK
-- Multi-Sponsored by -- M. of A. ABINANTI, ARROYO, AUBRY, BRAUNSTEIN,
COOK, CRESPO, CUSICK, DenDEKKER, DINOWITZ, ENGLEBRIGHT, FARRELL, GOTT-
FRIED, HEVESI, HOOPER, KAVANAGH, LAVINE, MAGNARELLI, McDONOUGH, McKEV-
ITT, M. G. MILLER, MOSLEY, ORTIZ, PAULIN, PERRY, PRETLOW, RIVERA,
TITUS -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to restricting areas
where smoking is permitted

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEM-
BLY, DO ENACT AS FOLLOWS:

1 Section 1. Section 1399-o of the public health law is amended by
2 adding a new subdivision 5 to read as follows:
3 5. A. SMOKING SHALL NOT BE PERMITTED AND NO PERSON SHALL SMOKE WITHIN
4 PRIVATE PASSENGER CARS, PRIVATE PASSENGER VANS OR PRIVATE PASSENGER
5 TRUCKS WHERE A MINOR UNDER FOURTEEN YEARS OF AGE IS A PASSENGER IN ANY
6 SUCH VEHICLES.
7 B. A PERSON WHO HOLDS A LIGHTED CIGAR, CIGARETTE, PIPE OR ANY OTHER
8 MATTER OR SUBSTANCE WHICH CONTAINS TOBACCO OR ANY OTHER PLANT OR MATTER
9 THAT CAN BE SMOKED TO, OR IN THE IMMEDIATE PROXIMITY OF HIS OR HER
10 MOUTH, WHILE IN SUCH VEHICLE IS PRESUMED TO BE ENGAGING IN SMOKING WITH-
11 IN THE MEANING OF THIS SECTION. THE PRESUMPTION ESTABLISHED BY THIS
12 PARAGRAPH IS REBUTTABLE BY EVIDENCE SHOWING THAT THE PERSON WAS NOT
13 SMOKING A LIGHTED CIGAR, CIGARETTE, PIPE OR OTHER MATTER OR SUBSTANCE
14 WHICH CONTAINS TOBACCO OR ANY OTHER PLANT OR MATTER THAT CAN BE SMOKED.
15 S 2. Subdivision 1 of section 1399-q of the public health law, as
16 amended by chapter 13 of the laws of 2003, is amended to read as
17 follows:
18 ~~1. Private homes, private residences and private automobiles EXCEPT AS~~
19 ~~PROVIDED IN SUBDIVISION FIVE OF SECTION THIRTEEN HUNDRED NINETY-NINE-O~~
20 ~~OF THIS ARTICLE;~~

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets
[] is old law to be omitted.

LBD09080-01-7

1 S 3. Section 1399-v of the public health law, as added by chapter 244
2 of the laws of 1989, is amended to read as follows:

3 S 1399-v. Penalties. 1. The commissioner may impose a civil penalty
4 for a violation of this article in an amount not to exceed that set
5 forth in subdivision one of section twelve of this chapter. Any other
6 enforcement officer may impose a civil penalty for a violation of this
7 article in an amount not to exceed that set forth in paragraph [f] (F)
8 of subdivision one of section three hundred nine of this chapter.

9 2. NOTWITHSTANDING THE PROVISIONS OF SUBDIVISION ONE OF THIS SECTION
10 ANY PERSON WHO VIOLATES THE PROVISIONS OF SUBDIVISION FIVE OF SECTION
11 THIRTEEN HUNDRED NINETY-NINE-O OF THIS ARTICLE SHALL BE LIABLE FOR A
12 CIVIL PENALTY OF NOT MORE THAN ONE HUNDRED DOLLARS TO BE IMPOSED BY ANY
13 ENFORCEMENT OFFICER IN ACCORDANCE WITH SECTION THIRTEEN HUNDRED NINETY-
14 NINE-T OF THIS ARTICLE.

15 S 4. This act shall take effect on the one hundred twentieth day after
16 it shall have become a law.

5209

2017-2018 Regular Sessions

I N S E N A T E

March 16, 2017

Introduced by Sen. STAVISKY -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to restricting areas where smoking is permitted

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Section 1399-o of the public health law is amended by
2 adding a new subdivision 5 to read as follows:

3 5. A. SMOKING SHALL NOT BE PERMITTED AND NO PERSON SHALL SMOKE WITHIN
4 PRIVATE PASSENGER CARS, PRIVATE PASSENGER VANS OR PRIVATE PASSENGER
5 TRUCKS WHERE A MINOR UNDER FOURTEEN YEARS OF AGE IS A PASSENGER IN ANY
6 SUCH VEHICLES.

7 B. A PERSON WHO HOLDS A LIGHTED CIGAR, CIGARETTE, PIPE OR ANY OTHER
8 MATTER OR SUBSTANCE WHICH CONTAINS TOBACCO OR ANY OTHER PLANT OR MATTER
9 THAT CAN BE SMOKED TO, OR IN THE IMMEDIATE PROXIMITY OF HIS OR HER
10 MOUTH, WHILE IN SUCH VEHICLE IS PRESUMED TO BE ENGAGING IN SMOKING WITH-
11 IN THE MEANING OF THIS SECTION. THE PRESUMPTION ESTABLISHED BY THIS
12 PARAGRAPH IS REBUTTABLE BY EVIDENCE SHOWING THAT THE PERSON WAS NOT
13 SMOKING A LIGHTED CIGAR, CIGARETTE, PIPE OR OTHER MATTER OR SUBSTANCE
14 WHICH CONTAINS TOBACCO OR ANY OTHER PLANT OR MATTER THAT CAN BE SMOKED.

15 S 2. Subdivision 1 of section 1399-q of the public health law, as
16 amended by chapter 13 of the laws of 2003, is amended to read as
17 follows:

18 1. Private homes, private residences and private automobiles EXCEPT AS
19 PROVIDED IN SUBDIVISION FIVE OF SECTION THIRTEEN HUNDRED NINETY-NINE-O
20 OF THIS ARTICLE;

21 S 3. Section 1399-v of the public health law, as added by chapter 244
22 of the laws of 1989, is amended to read as follows:

23 S 1399-v. Penalties. 1. The commissioner may impose a civil penalty
24 for a violation of this article in an amount not to exceed that set
25 forth in subdivision one of section twelve of this chapter. Any other

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets
[] is old law to be omitted.

LBD09080-01-7

1 enforcement officer may impose a civil penalty for a violation of this
2 article in an amount not to exceed that set forth in paragraph [f] (F)
3 of subdivision one of section three hundred nine of this chapter.

4 2. NOTWITHSTANDING THE PROVISIONS OF SUBDIVISION ONE OF THIS SECTION
5 ANY PERSON WHO VIOLATES THE PROVISIONS OF SUBDIVISION FIVE OF SECTION
6 THIRTEEN HUNDRED NINETY-NINE-O OF THIS ARTICLE SHALL BE LIABLE FOR A
7 CIVIL PENALTY OF NOT MORE THAN ONE HUNDRED DOLLARS TO BE IMPOSED BY ANY
8 ENFORCEMENT OFFICER IN ACCORDANCE WITH SECTION THIRTEEN HUNDRED NINETY-

9 NINE-T OF THIS ARTICLE.

10 S 4. This act shall take effect on the one hundred twentieth day after
11 it shall have become a law.

WHEREAS, The 2006 Surgeon General's Report states that the scientific evidence about the dangers of secondhand smoke is indisputable; there is no safe level of exposure to secondhand smoke; and,

WHEREAS, Almost 60 percent of U.S. children aged 3-11 years, or almost 22 million children are exposed to secondhand smoke; and,

WHEREAS, There is overwhelming evidence of the harms associated with exposure to secondhand smoke that is specific to children and specific to enclosed environments; and,

WHEREAS, American Academy of Pediatrics studies "provide evidence that exposure to environmental tobacco smoke is associated with increased rates of lower respiratory illness and increased rates of middle ear effusion, asthma and sudden infant death syndrome"; and,

WHEREAS, The American Academy of Pediatrics concludes "exposure during childhood to environmental tobacco smoke may also be associated with development of cancer during adulthood"; and,

WHEREAS, A 2006 Harvard School of Public Health study found "alarming" levels of secondhand smoke were generated in just five minutes in vehicles under various driving, ventilation and smoking conditions; and,

WHEREAS, The same Harvard study found a "significant increase" in the levels of carbon monoxide in cars where smoking occurs, a substance known to induce lethargy and loss of alertness even in small quantities; and,

WHEREAS, Smoking just one cigarette in a vehicle raises fine particle levels far beyond exposure limits set by the EPA and raises secondhand smoke levels several times higher than levels found in bars and other establishments where smoking is allowed; and,

WHEREAS, The harmful chemicals in secondhand smoke can remain in the air and on surfaces in a car or truck for many hours, and even days, after a cigarette has been smoked, sticking to surfaces, such as a child's car seat, making it a potential hidden source of danger for children; and

WHEREAS, Secondhand smoke may have more harmful effects on children because their immune systems are less mature and, due to smaller airways and greater demand for oxygen, they may be more vulnerable to respiratory diseases.

WHEREAS, At least nine states including Arkansas, California, Louisiana, Maine, Oregon, Puerto Rico, Utah, Vermont and Virginia have smoke-free car laws banning smoking in cars where children are present, protecting children ranging from less than 6 years old to less than 18 years old; and,

NOW, THEREFORE BE IT RESOLVED, that the Cattaraugus County Board of Health urges the Cattaraugus County Health Department to embark on an educational program to strongly discourage smoking in vehicles when there are children under the age of 14 present; and

BE IT RESOLVED, that the Cattaraugus County Health Department may appropriate funding in their current budget and actively seek grant appropriations to initiate a smoke free vehicle campaign accompanied by a strong education effort, stressing the health hazards of smoke-filled vehicles; and

BE IT FURTHER RESOLVED, that a copy of this resolution be furnished to members of the Cattaraugus County Legislature Human Service Committee and the entire Cattaraugus County Legislature Board.

LOCAL LAW NUMBER ____ - 2017
COUNTY OF CATTARAUGUS, NEW YORK

Pursuant to Section 10 of the Municipal Home Rule Law.

A LOCAL LAW ESTABLISHING IN THE CATTARAUGUS COUNTY KIDS IN CARS SMOKING SAFETY ACT

BE IT ENACTED, by the County Legislature of the County of Cattaraugus as follows:

Section 1. Intent. It is the intent of this local law to establish a violation for smoking in a vehicle with children under the age of 16.

Section 2. Legislative Findings.

2.1 Numerous studies have conclusively demonstrated the effect secondhand smoking has in those who never smoke even one cigarette.

2.2 These risks include, but are not limited to, heart disease, cancer, emphysema, and various other ailments that contribute to loss of life, loss of quality of life, and increased health care and other costs to individuals and governments.

2.3 Studies have also shown that children are particularly vulnerable to the dangers of secondhand smoke and are among those least able to avoid secondhand smoke from adults and other children who smoke around them.

2.4 One place that is currently unregulated is smoking in vehicles with children present. Even with open windows, children are essentially prisoners to secondhand smoke without the ability to remove themselves from the dangerous situation.

2.5 The Cattaraugus County Legislature finds, therefore, that a local law is necessary in order to protect and promote the public health, safety and welfare of the children residing in Cattaraugus County.

Section 3. Definitions. As used in this local law, the following terms shall have the meanings indicated:

3.1 "Smoke" or "smoking" shall mean inhaling, exhaling, burning or carrying any lighted matter, including cigarettes, herbal cigarettes, bidis, cigars, pipes, weed, plant, regulated narcotic, any other tobacco products, or other combustible substances.

3.2 "Child" or "children" shall mean any person under the age of 16.

3.3 "Vehicle" shall mean any vehicle, registered or unregistered, commercial or passenger, with an enclosed compartment for driver and passengers, whether any windows on such vehicle are open or closed.

Section 4. Prohibitions. It shall be unlawful for the operator or any passenger in a vehicle to smoke when any child is present.

Section 5. Penalties.

5.1 The first violation of the provisions of this local law shall be a violation punishable by a fine of not less than \$75.00 nor more than \$150.00.

5.2 A second, or subsequent, violation shall be a violation, punishable by a fine of not less than \$150.00 nor more than \$250.00.

Section 6. Severability. If any clause, sentence, paragraph, section, subdivision or other part of this Local Law or its applications shall be adjudged by a Court of competent jurisdiction to be invalid or unconstitutional, such order or judgment shall not affect, impair, or otherwise invalidate the remainder of this Local Law which shall remain in full force and effect except as limited by such order or judgment.

Section 7. Effective Date. This Local Law shall take effect as provided by the New York State Municipal Home Rule Law and upon completion of the requisite filings and procedures.

Resolution Referred to:

- | | | | |
|------------------------------|-------------------------------------|--------------------|--------------------------|
| Finance | <input type="checkbox"/> | Human Services | <input type="checkbox"/> |
| DPW | <input type="checkbox"/> | Develop. & Ag | <input type="checkbox"/> |
| Labor Relations | <input type="checkbox"/> | Strategic Planning | <input type="checkbox"/> |
| Co. Operations/Public Safety | <input checked="" type="checkbox"/> | | |

DRAFT